附件： **2016 年江苏省高校实验室安全管理培训班预报名回执**

学校： 地址： 会务联系人

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **性别** | **所在部门** | **职称职务** | **电话** | **邮箱** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

注：联系人应来参会，联系人请填在表中第一行。

电邮至：jwb@jiangnan.edu.cn 或 传真至：0510-85913562